

TIER DESIGNATION OF PROPERTY: _____

**MONROE COUNTY PLANNING DEPARTMENT
AFFORDABLE HOUSING APPLICATION
FOR TENANT(S), OWNER-OCCUPANT(S), DEVELOPER**

Application Date: _____ Permit Application No. _____

Name(s): _____

Current Mailing Address: _____

Phone: (H) _____ (W) _____

Cell Phone: _____ Email Address: _____

Lot(s): _____ Block: _____ Subdivision: _____

Key (Island): _____ Plat Book _____ Page _____

Real Estate Number(s): _____

(If legal description is metes and bounds, attach a separate sheet)

Application Type:

1) Owner-Occupant(s) ____;

2) Tenant(s) ____;

3) Developer who will either sell or rent the residential unit(s) _____ to occupant(s) who will submit application to the County to determine qualification; Developer states there are a total of _____ residential to be deed restricted.

4) Under contract to purchase residential unit & plan to be Owner-Occupant(s) ____; or

5) Under contract to purchase residential unit and plan to be a landlord ____.

Occupants Household Adjusted Gross Income: \$ _____

Very Low Income ____ Low Income ____ Median Income ____ Moderate Income ____

Contract/Purchase Price of Property: \$ _____ or Lease Amount: \$ _____ monthly

Number of Bedrooms: _____

	Household Occupant(s) Name(s)	Relationship le: husband, wife, son, Daughter, room-mate, Domestic partner, etc.	Employer Name and phone number	Dependent (Yes or No)
A.				
B.				
C.				
D.				
E.				

Real Estate Number: _____

Initial(s): _____

Date: _____

TIER DESIGNATION OF PROPERTY: _____

Page Two: Monroe County Affordable Housing Application

Submit the following information:

- 1) Copy of the current IRS Form 1040 showing adjusted gross income for each household member. Copies must be requested directly from IRS (minimum 6 – 12 weeks). IRS forms must be sent direct from IRS to the Monroe County Planning Department unless prepared by a Certified Public Account (CPA) and signed by all parties. Attach copy of all W-2 forms. If an applicant is self employed then all schedules must accompany the IRS return. Additional information may be requested.
- 2) Pay stub(s) from the current three months from the date of this application.
- 3) Letters of Employment (address, phone number, supervisor name) including date of employment.
- 4) Copy of executed lease (if tenant) or copy of executed contract for purchase of subject property.
- 5) Copy of current Property Record Card.
- 6) Letter from agency obtaining Financing. Financing: _____ Public or _____ Private
- 7) Copy of proposed floor plan showing the habitable square footage of the dwelling unit. The floor plan is to be drawn to scale and each room labeled (ie: bedroom, bathroom, kitchen, et cetera).
- 8) Completed Affordable Housing Affidavit.
- 9) Completed Affordable Housing Deed Restriction is required for vacant land proposed to have an Affordable Housing Deed Restriction. A sample deed restriction is attached to the application. The deed restriction will need to be tailored for the specific project. Otherwise, a copy of the **approved recorded** Affordable Housing Deed Restriction is required for the subject property (residence).
- 10) If the applicant is a corporation then a copy of the corporation documents showing who is/are authorized to make application and place the proposed deed restriction on the property.
- 11) Other documents may be requested to clarify questions in review.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate. I/We understand residential unit is for permanent housing and is not a vacation home. Tourist housing use or vacation rental use of affordable or employee housing units is prohibited.

1) _____
(Signature of Applicant) (Date)

(Print Name of Applicant above)

2) _____
(Signature of Applicant) (Date)

(Print Name of Applicant above)

STATE OF _____
COUNTY OF _____

The foregoing instrument, Affordable Housing Application, was acknowledged before me this _____ day of _____, 20____, by _____, who is/are personally known to me or produced _____ as proof of identification and did take an oath.

Notary Public (Print Name)

Notary Public (Signature)

Real Estate Number: _____

Initial(s): _____

Date: _____

This instrument was prepared by:
John Doe
1508 Silver St.
Key West, FL 33040

**MONROE COUNTY PLANNING DEPARTMENT
AFFORDABLE HOUSING DEED RESTRICTION**

**STATE OF FLORIDA
COUNTY OF MONROE**

Notice is hereby given that:

- I. I/We, John and Sally Doe, husband and wife (or a single person), the undersigned is/are the sole owner(s) of certain real property, situated, lying and being in Monroe County, State of Florida, described as follows:

Lot(s): 11 , Block: 19,

Subdivision: Twin Lakes Key: Largo Plat Book: 3 Page: 160
(If legal description is metes and bounds, attach a separate sheet)

Real Estate Number: 00544440.000000
- II. The residential unit Building Permit Number is 09104444.
- III. This restriction is for moderate income households.
- IV. Under the owner-occupied / developer moderate income affordable housing provisions set forth in the Monroe County Land Development Regulations, the owner or owners of the above-described real property have been exempted from payment of "Fair Share Impact Fees" for a (check one): a single-family X, a multi-family unit, , a mobile home to be constructed on said real property.
- V. The use of the dwelling is restricted for a period of at least ninety-nine (99) years to households with an adjusted gross annual income no greater than one hundred twenty (120) percent of the median adjusted gross annual income for tenant occupied households within Monroe County, if occupied by a tenant(s).

- VI. The use of the dwelling is restricted for a period of at least ninety-nine (99) years to households with an adjusted gross annual income no greater than one hundred sixty (160) percent of the median adjusted gross annual income for owner occupied households within Monroe County, if the owner(s) occupies the dwelling unit.
- VII. The maximum sales price for an owner occupied affordable housing unit shall mean a price not exceeding four and one-quarter (4.25) times the annual median household income for Monroe County for a two (2) bedroom unit.
- VIII. The covenants shall be effective for ninety-nine (99) years, but shall not commence running until a certificate of occupancy has been issued by the building official for the dwelling unit(s) to which the covenant or covenants apply. This deed restriction shall remain in effect for ninety-nine (99) years regardless of the owner(s) or occupant(s) ability to comply or re-qualify on an annual basis or as otherwise may be required.
- IX. At the time of sale of an owner-occupied affordable housing unit, the unit may be sold only to a household within the moderate income category.
- X. Tourist housing use or vacation rental use of affordable or employee housing units is prohibited.
- XI. All of the restrictions herein shall be binding upon any transferees, lessees, heirs, assigns or successors in the chain of title.
- XII. There is no mortgage on this property nor will a mortgage be recorded on this property prior to the recording of this restriction. Otherwise, I/we understand a joinder by the mortgagee (lender) will be required to this restriction if a mortgage is obtained prior to this restriction being recorded in the Monroe County Public Records.

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK
DEED RESTRICTION SIGNATURE PAGE TO FOLLOW.**

I/we certify that I/we am/are familiar with the information herein contained and that it is true and correct to the best of my knowledge and belief; and I/we will abide by the above stated restrictions pursuant to Monroe County Code as may be amended from time to time.

WITNESSES:

OWNER OR OWNERS

1: Witness Signature

(Print or Type Name of Witness)

2: Witness Signature

(Print or Type Name of Witness)

1: Witness Signature

(Print or Type Name of Witness)

2: Witness Signature

(Print or Type Name of Witness)

1: _____

(Signature)

(Print or Type Name above)

Complete Mailing Address above

2: _____

(Signature)

(Print or Type Name above)

Complete Mailing Address above

The foregoing instrument, Affordable Housing Deed Restriction, was acknowledged before me this _____ day of _____, 2____ A.D. by _____ is/are personally known to me or has produced _____ as identification.

My Commission Expires _____

Notary Public (Signature)

Notary Public (Print Name)

If privately held mortgage, signatures of all mortgagees (husband & wife, partners, co-owners) must be executed, notarized and witnessed. More lines may have to be added.

(If Applicable)
JOINDER OF MORTGAGEE

_____, whose address is _____, City of _____
(Name of Mortgagee)

_____, State of _____,
having a record interest as recorded in the official records of Monroe County at
Book _____ Page _____ in the lands described in the Affordable Housing
Deed Restriction attached hereto between _____
Grantor, and Monroe County, Florida, Grantee, hereby joins in, consents to, and
ratifies that Affordable Housing Deed Restriction on the date indicated below.

Name of Mortgagee

1: Witness Signature

Signature of Mortgagee's
Authorized Representative
(having authority to bind mortgagee)

(Print or Type Name of Witness)

Print Name: _____

Title: _____

2: Witness Signature

(Print or Type Name of Witness)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day
of _____, 20_____, by _____,
who is/are personally known to me or produced _____
as proof of identification and did take an oath.

Notary Public (Print Name)

Notary Public (Signature)

If no mortgages, encumbrances, liens, et cetera, signatures of all (husband & wife, partners, co-owners) must be executed, notarized and witnessed. More lines may have to be added.

(If Applicable)
Affidavit of No Encumbrances

1. **WHEREAS**, John and Sally Doe, husband and wife (or a single person), the undersigned are the sole owners of the following described real property located in Monroe County, Florida described as follows:

Lot(s): 11 , **Block:** 19,

Subdivision: Twin Lakes **Key:** Largo **Plat Book:** 3 **Page:** 160
(If legal description is metes and bounds, attach a separate sheet)

Real Estate Number: 00544440.000000

2. **WHEREAS**, this statement is current as of this date, and
3. **Now**, therefore, the undersigned state that the above described property is/are free of all liens; loans, mortgages, or any other encumbrances at this time.

EXECUTED ON THIS _____ day of _____, _____.

WITNESSESS TO BOTH:

OWNER OR OWNERS

(each owner requires two witnesses)

1: Witness Signature

(Signature)

(Print or Type Name of Witness)

(Print or Type Name above)

Complete Mailing Address above

2: Witness Signature

(Signature)

(Print or Type Name of Witness)

(Print or Type Name above)

Complete Mailing Address above

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____

_____ who
is/are personally known to me or produced _____ as proof of
identification and did take an oath.

Notary Public (Print Name)

Notary Public (Signature)

**MONROE COUNTY PLANNING DEPARTMENT
AFFORDABLE HOUSING
AFFIDAVIT OF QUALIFICATION**

NAME(S): _____

ADDRESS: _____

PHONE: (H) _____ **(W)** _____

CELL PHONE: _____

EMAIL ADDRESS: _____

Hereinafter referred to as the applicant(s) or owner(s), who, having been sworn under oath, do(es) hereby attest, subject to the penalties for perjury, to the fact that the following statements(s) of qualification for the **Affordable Housing Program** of Monroe County, Florida, under the Monroe County Code is/are true:

- I. This affidavit is part of Building Permit Application Number _____ and a request for a waiver of the required payment of impact fees, for an owner-occupied or tenant-occupied dwelling located on certain real property, lying and being in Monroe County, State of Florida, described as follows:

Lot(s): _____, **Block** _____, **Subdivision:** _____

Key (Island): _____ **Plat Book :** _____ **Page:** _____

Real Estate Number: _____

- II. The use of the dwelling is restricted to owner or tenant occupied households who qualify for affordable housing. This restriction will apply unless and until the Monroe County Board of County Commissioners amends the Land Development Regulations to permit the dwelling unit to be occupied by other households with or without qualification requirements. The following is a complete list of all employed member(s) of said household at this time and the name(s) and address(es) of their respective employer(s):

Household Member Name(s):

A. _____
B. _____
C. _____
D. _____

Employer(s) Name & Address:

A. _____
B. _____
C. _____
D. _____

- III. The applicant(s) understands that if the dwelling unit is rented or sublet the dwelling unit will also have a monthly rent limit as set forth in the Monroe County Code.
- IV. During occupancy of any affordable housing rental unit, unless otherwise limited by state or federal statute or rule concerning household income, the household's annual income may increase to an amount not to exceed 140 percent of the median household income for the county. If the income of the lessee exceeds this amount the tenant's occupancy shall terminate at the end of the existing lease term. The maximum lease for any term shall be three (3) years or thirty-six (36) months.
- V. The applicant(s) states that the dwelling unit meets all applicable requirements of the United States Department of Housing and Urban Development minimum property standards as to room sizes, fixtures, landscaping and building materials when not in conflict with applicable ordinances of Monroe County.
- VI. Tourist housing use or vacation rental use of affordable or employee housing units prohibited.
- VII. The applicant(s) has/have filed with Monroe County a copy of income tax return(s), W-2 forms, and the current three months of pay-stubs for all members of the household, or has furnished other qualifying documentation upon which the County has relied.
- VIII. The applicant(s) understands and agrees that each year from the date of issuance of the certificate of occupancy, the applicant(s) will need to re-qualify annually by May 1. A new Affidavit of Qualification for Affordable Housing and Affordable Housing Application must be submitted to the Monroe County Planning Department each year. Failure to comply or re-qualify shall constitute a violation of the Affordable Housing Deed Restriction, the Monroe County Code and the conditions of the certificate of occupancy.
- IX. The applicant(s) understands that if an affordable housing allocation is/was received through the dwelling unit allocation system, the residence will be restricted by the affordable housing covenants to be recorded or as recorded in the Monroe County Public Records. Therefore, sale, transfer, inheritance, assignment or rental of the unit shall be only to persons who qualify under Monroe County's Affordable Housing Eligibility Requirements as established and amended from time to time.
- X. All of the restrictions herein shall be binding upon any transferees, lessees, heirs, assignees, or other successors in title.

I/we certify that I/we am/are familiar with the information herein contained and that it is true and correct to the best of my/our knowledge and belief; and I/we will abide by the above stated restrictions for Affordable Housing pursuant to Monroe County Code as amended from time to time.

WITNESSESS:

OWNER(S) or APPLICANT(S)

1: Witness Signature

1: _____
(Signature)

(Print or Type Name of Witness)

(Print or Type Name above)

Complete Mailing Address above

2: Witness Signature

(Print or Type Name of Witness)

1: Witness Signature

2: _____
(Signature)

(Print or Type Name of Witness)

(Print or Type Name above)

Complete Mailing Address above

2: Witness Signature

(Print or Type Name of Witness)

STATE OF _____
COUNTY OF _____

The foregoing instrument, Affordable Housing Affidavit of Qualification, was acknowledged before me this _____ day of _____, 20_____, by

who is/are personally known to me or produced _____ as
proof of identification and did take an oath.

Notary Public (Print Name)

Notary Public (Signature)

My Commission Expires

Affidavit of Qualification
RE No.: _____

DEVELOPERS AFFIDAVIT

Before me the undersigned authority, personally appeared

NAME(S): _____

ADDRESS: _____

PHONE: (H) _____ **(W)** _____

- I. I/We, the Developer(s), do not intend to move into the dwelling unit proposed under building permit application number _____, nor do we have a prospective tenant or tenant at this time who will move into the dwelling unit located on of certain real property, lying and being in Monroe County, State of Florida, described as follows:

Lot(s): _____ **Block:** _____

Subdivision: _____

Key: _____ **PB:** _____

(If legal description is metes and bounds, attach a separate sheet)

Real Estate Number: _____

- II. I/We, the Developer(s), understand the dwelling unit may only be used as a primary (principle) residence.
- III. I/We, the Developer(s), understand that the Certificate of Occupancy will not be issued for the dwelling unit to be located at the above described premises until the requirements of Affordable Housing are met by either 1) a new affidavit specifying no prospective tenant(s) at this time or 2) prospective tenant(s) qualify pursuant to the affordable housing criteria.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

(Signature of Applicant)

(Date)

(Signature of Applicant)

(Date)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is/are personally known to me or produced _____ as proof of identification and did take an oath.

Notary Public (Print Name)

SEAL

Notary Public (Signature)